

HEALTH PLAN 2
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MISSOURI HEALTH COORDINATING COUNCIL

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MHCC

Reaching Out for Health

April 17, 1987

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The Honorable John Ashcroft
Governor of Missouri
State Capitol
Jefferson City, Missouri 65101

Dear Governor Ashcroft:

It is with distinct pleasure that I submit to you the Annual Report of Missouri Health Coordinating Council (MHCC) for the last 12-month period. In order to retain clarity, we have constructed this report in a brief and straight-forward fashion, highlighted with descriptive titles throughout.

Background

In February 1986 you issued Executive Order No. 86-4, which reestablished the MHCC pursuant to the federal health planning program authorized by Public Law 93-641. The MHCC was charged with the responsibility of developing a new health plan for Missouri. In June, 19 newly appointed and eager members first met to carry out this responsibility. The basic structure of the plan had been developed and approved. The council then undertook a series of activities to determine health priorities for inclusion in the Missouri Health Plan.

A Period of Transition

The MHCC was immediately challenged by the withdrawal of federal funding for health planning, and the sunsetting of the federal legislative health planning mandate. This created a situation with few guidelines for the continuation of health planning, and a lack of clarity concerning its purpose and function.

The MHCC regarded these changes as both a crisis and an opportunity — the immediate crisis was funding. Priorities shifted and several important activities, such as pursuit of the state health plan, were postponed due to the lack of money available for implementation.

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Meanwhile, lack of direction at the federal level presented the MHCC with an opportunity to refocus the health planning program to meet the unique needs of Missouri citizens. We met this challenge by drafting a new mission statement and bylaws, and proposing a new executive order, both designed specifically to address the transition from federally-mandated to state-oriented health planning.

The transition focused on the MHCC as a *consensus-building body* with the expressed purpose of developing health service models responsive to the identified needs of Missourians. In this context, the term "model" should be defined as noted in the dictionary: "... a design from which something is to be made ..." Accordingly, health service models are functional designs that can guide the development of health delivery systems to provide needed services at reasonable costs.

Toward these ends, the MHCC's approach has been to seek input from the state executive office, the legislature, and major public and private health decision-makers. Plans were also devised, but not yet implemented due to funding and personnel limitations, to seek further input from others.

In this letter, we present these activities — those accomplished, those postponed, and those planned — as we regain our momentum under a new and revitalized Missouri health planning program.

Gaining Consensus: Missouri Health Priorities

A series of activities were planned to get a sense of the major health issues as perceived by provider and consumer leaders in health care. These planned activities included two "summit" meetings of health leaders and regional hearings for the public.

The first summit gathered together nearly 30 leaders of health services providers, both public and private. In presentations from each interest group, participants sought common ground on many issues including financing health care for the indigent, resolving problems stemming from increasing medical liability costs, and preserving health care in financially stressed rural areas.

The second summit was intended to gather leaders of major consumer groups and health care purchasers. Following these meetings, a series of regionalized hearings were planned to obtain grassroots input on these issues. The first summit was successfully conducted, but the second summit and the regional hearings were postponed until issues of funding could be resolved. Results of the *Health Leaders Summit Meeting* were published in the attached report.

Although the consumer and purchaser summit was postponed, MHCC members did consult with leaders from the legislature and administration to obtain a broad perspective of the major health care issues facing Missouri. These findings are also included in the attached report.

Knowing the Advisors: the MHCC Directory

MHCC members take very seriously their responsibility to represent the constituencies from which they were appointed. To assist the members in educating citizens about the health planning program and encourage their involvement, the MHCC has published a directory to be distributed to the Health Planning Network (those individuals and groups who have expressed interest in health planning and follow MHCC activities). A copy of the directory is attached.

Establishing New Directions: Proposed Activities for the Next Year

- a. *Follow-up to the Health Leaders' Summit:* A Consumer/Purchaser Summit and regional hearings for the general public are needed. Another meeting of the health leaders is slated for late spring following the legislative session to see what progress has been made on the earlier priorities. These meetings should be held on an annual basis to develop a "State of the State's Health" report for your consideration in developing policy. The MHCC could then choose particular issues to pursue over the course of the next year from this summit report and develop models for dissemination to decision-makers.
- b. *Continuum of Long Term Care (CLTC):* Progressive and responsive models of care for older adults who are 60 years of age and older are needed soon to meet their rapidly escalating health needs. Jack Whitaker, Chelmer Barrow and Jane Kruse are official MHCC liaisons to the CLTC Oversight Committee with the responsibility of bringing information to the council for use in the development of criteria and standards and related MHCC projects. Models produced by this effort can be used in Certificate of Need activities, reimbursement proposals and quality assurance developments by public and private agencies alike. This is an example of a MHCC product.
- c. *Models for Health Care in Rural Areas:* The MHCC should work with various groups to further gather information on products and models from other states, organizations, or from within Missouri. This information would then be used to develop consensus on innovative alternatives for improving the health care delivery system in rural areas. These models would provide guidelines for distribution, quality assurance, costs, and integration of existing health services.
- d. *Consumer Health Guides:* The MHCC should publish information to assist consumers in making intelligent decisions in obtaining health care services of the greatest value (value is generally accessible care of the highest quality at the most reasonable cost).
- e. *Other Issues:* Although specific direction is indeterminate at this time, the MHCC is using the summit report as the guideline for determining priorities. Issues of indigent health care and the impact of medical liability may attain high priority for council action.

Conclusion: Making Planning Work for Missouri

As representatives of our respective constituencies, we are committed to the development of a health care system in Missouri which is responsive to the needs of our citizens. The MHCC will continue to work toward that end in coordinating the plans of the many public and private interests, and providing the best possible information to the decision-makers of our state. We will also continue to support your efforts in whatever way we can to develop and implement effective health policy.

Sincerely,



Fred C. Tinning, Ph.D., Chairman

FCT/tp/lh

Attachments: *Health Leaders Summit Report*
MHCC Directory

cc: Robert Harmon, M.D., M.P.H., Director
Missouri Department of Health